



# National Child Care Information Center

*A service of the Child Care Bureau*

NCCIC

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## CHILDHOOD OBESITY PREVENTION

Obesity has become the second most preventable cause of death, after smoking. According to the Center for Diseases Control (CDC), since 1980 obesity rates have doubled among children and tripled among adolescents. Of children and adolescents aged 6–19 years, 15 percent—about 9 million young people—are considered overweight. Also, among children and adolescents, annual hospital costs related to obesity were \$127 million during 1997–1999 (in 2001 constant U.S. dollars), up from \$35 million during 1979–1981.

The prevention of obesity among children yields significant benefits in terms of preventing disease and reducing the health care costs associated with this disease. The following is a sample of resources with information about childhood obesity prevention. The first section provides links to information about Federal funding sources for nutrition and obesity prevention. The second section provides information on State initiatives on childhood obesity prevention. The third section provides links to national organizations that work on issues related to nutrition and obesity prevention. The final section provides a list of recent publications with information about childhood obesity prevention.

### NUTRITION AND OBESITY PREVENTION: FEDERAL FUNDING SOURCES

- **U.S. Department of Agriculture (USDA)**  
**Food and Nutrition Service (FNS)**  
3101 Park Center Drive, Room 926  
Alexandria, VA 22302  
703-305-2062  
World Wide Web: <http://www.fns.usda.gov/fns/> (in English)  
<http://www.fns.usda.gov/fns/sp-default.htm> (in Spanish)

FNS provides children and needy families better access to food and a more healthful diet through its food assistance programs and comprehensive nutrition education efforts. A major function of FNS is the oversight and management of Federal food programs such as Food Stamps; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Child and Adult Care Food Program (CACFP); and School Meals (National School Lunch Program, School Breakfast Program, and Special Milk Program). FNS's Web site provides contact information for State agencies administering the child nutrition programs at <http://www.fns.usda.gov/cnd/Contacts/StateDirectory.htm>. FNS's Web site also provides nutrition education materials at <http://www.fns.usda.gov/fns/nutrition/nutrition.htm>.

The FNS Web site also provides information on several obesity prevention initiatives funded by USDA:

- *State Nutrition Action Plan (SNAP)*

In 2003, USDA convened a national meeting of nutrition personnel working with the nutrition assistance programs. As a part of that meeting, USDA conducted a series of networking sessions with State representatives from the various nutrition assistance programs. The primary purpose of these sessions was to strengthen collaboration on nutrition education and promotion efforts among the cooperating States. SNAP was the outcome of this process. To date, 41 States have completed a SNAP. The SNAP section of the FNS Web site at <http://www.fns.usda.gov/oane/SNAP/SNAP.htm> provides resources that can be used by States to develop their SNAP. It also provides links to completed SNAPs.

Several States have included obesity prevention in their SNAP. Among these States are the following:

California: <http://www.fns.usda.gov/OANE/SNAP/CaliforniaPlan.htm>;  
 Michigan: <http://www.fns.usda.gov/oane/SNAP/NewYorkPlan.htm>;  
 New York: <http://www.fns.usda.gov/OANE/SNAP/MichiganPlan.htm>;  
 Ohio: <http://www.fns.usda.gov/OANE/SNAP/OhioPlan.htm>; and  
 South Carolina: <http://www.fns.usda.gov/OANE/SNAP/SouthCarolinaPlan.htm>.

- *Fit WIC*

In 1998, the U.S. Department of Agriculture (USDA) funded a childhood obesity prevention initiative called Fit WIC. The purpose of this initiative was to examine how the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) could better respond to the issue of childhood obesity. The USDA recognized that WIC has widespread access to the population of young low-income children that is at greatest risk for obesity, and that reaching very young children is critical to any prevention strategy. The Fit WIC implementation manual contains the experiences of the five Fit WIC Project Teams, their procedures, requirements, problems experienced, suggested solutions, outcomes, lessons learned, and recommendations. This resource is available on the Web at [http://www.nal.usda.gov/wicworks/Sharing\\_Center/statedev\\_FIT.html](http://www.nal.usda.gov/wicworks/Sharing_Center/statedev_FIT.html).

- *Eat Smart. Play Hard.<sup>TM</sup>*

Eat Smart. Play Hard.<sup>TM</sup> is a national nutrition education and promotion campaign designed to convey science-based, behavior-focused and motivational messages about healthy eating and physical activity. This resource is available on the Web at <http://www.fns.usda.gov/eatsmartplayhard/>.

■ **U.S. Department of Health and Human Services (HHS)  
Centers for Disease Control and Prevention (CDC)**

1600 Clifton Road  
 Atlanta, GA 30333  
 800-311-3435

World Wide Web: <http://www.cdc.gov/page.do>

CDC is an agency of the Department of Health and Human Services and is recognized as the lead Federal agency for protecting the health and safety of people—at home and abroad—by

providing credible information to enhance health decisions and promoting health through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of citizens.

CDC's Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases is designed to help States prevent obesity and other chronic diseases by addressing two closely related factors—poor nutrition and inadequate physical activity. The program supports states with developing and implementing science-based nutrition and physical activity interventions. The program's major goals are balancing caloric intake and expenditure; increasing physical activity; improving nutrition through increased consumption of fruits and vegetables; reducing television time; and increasing breastfeeding. In 2004-2005, 23 States are funded at \$300,000 to \$450,000 for capacity building. Five States are funded at \$800,000 to \$1.5 million for basic implementation, bringing the total number of funded States to 28. CDC's Web site provides links to the State-based Nutrition and Physical Activity Program funded by CDC at [http://www.cdc.gov/nccdphp/dnpa/obesity/state\\_programs/index.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/index.htm).

CDC also provides several resources with information on nutrition and physical activity, including information on obesity prevention. These resources are available on the Web at <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>. In addition, CDC's Web site includes a Legislative Database containing summaries of State legislative bills related to nutrition and physical activity from 2001 to present. Links are provided to each State legislature site to obtain the full-text version of the bill. This database is available on the Web at <http://apps.nccd.cdc.gov/DNPALeg/>.

## ■ **U.S. Department of Health and Human Services (HHS)** **The Steps to a HealthierUS**

World Wide Web: <http://www.healthierus.gov/steps/index.html>.

The Steps to a HealthierUS is an initiative by the U.S. Department of Health and Human Services (HHS) that advances President Bush's HealthierUS goal of helping Americans live longer, better, and healthier lives. The Steps to a HealthierUS Five-year cooperative agreement program funds States, cities, and Tribal entities to implement chronic disease prevention efforts focused on reducing the burden of diabetes, overweight, obesity, and asthma, and addressing three related risk factors: physical inactivity, poor nutrition, and tobacco use.

The goal of the President's HealthierUS Initiative is to help Americans take steps to improve personal health and fitness. It encourages all Americans to be physically active every day; eat a nutritious diet; get preventive screenings; and make healthy choices. HealthierUS.gov Web site at <http://www.healthierus.gov/> provides information in both English and Spanish.

For FY 2003, HHS allocated \$13.6 million to fund 24 communities; and in FY 2004, HHS allocated \$35.8 million to increase funding to the existing 24 communities and to fund an additional 16, for a total of 40 communities. The Community Facts section of the Steps to a HealthierUS Web site at <http://www.healthierus.gov/steps/grantees.html> provides information on Fiscal 2004 grantees.

- **U.S. Department of Education**  
**The Office of Safe and Drug-Free Schools (OSDFS)**  
**Carol M. White Physical Education Program**  
400 Maryland Avenue SW, Rm. 3E332, FB-6  
Washington, DC 20202-6450  
202-708-5939

World Wide Web: <http://www.ed.gov/programs/whitephysed/index.html>

OSDFS awards grants to local educational agencies and community-based organizations to initiate, expand, or improve physical education programs, including after-school programs, for students in one or more grades from kindergarten through 12<sup>th</sup> grade in order to help students make progress toward meeting State standards for physical education. A list of organizations who have received this award in recent years is available on the Web at <http://www.ed.gov/programs/whitephysed/awards.html>.

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## STATE INITIATIVES

- **California**

The California Obesity Prevention Initiative (COPI) was established by the California Department of Health Services (DHS) in partnership with the California Obesity Prevention Advisory Group, which consists of representatives from over 50 organizations and agencies who provide guidance and recommendations on addressing the obesity issue. The objective of the initiative is to reduce the prevalence of obesity and its associated health risks in Californians through promotion of physical activity and healthy eating as well as address the societal, technological, and environmental influences on obesity. The long-term goals of the initiative are the following:

- Reduce the life long risk of obesity and being overweight and the associated health risks by intervening with children and youth who are high risk;
- Address the disparities in obesity prevalence and treatment for underserved and vulnerable populations in California, especially for children and youth; and
- Create environments that support healthy eating and physical activity for all Californians, especially for children and youth.

For additional information about COPI, contact DHS at 916-552-9889 or on the Web at <http://www.dhs.ca.gov/ps/cdic/copi/default.htm>.

- **New York**

The Eat Well Play Hard initiative by the New York Department of Health strives to prevent overweight and the accompanying long-term risks of chronic disease, such as diabetes and coronary heart disease, by modifying behavior in preschoolers over age 2. Funds are provided to groups to ensure that preschool and early elementary age children and families receive consistent and positive messages about nutrition and physical activity. Families are encouraged to adopt the following strategies to achieve life-long healthy choices, proven in disease prevention: increase the amount of developmentally appropriate physical activity; increase consumption of 1 percent or nonfat milk and low-fat dairy products; and increase consumption of fruits and vegetables.

Additional information about the initiative is available on the Web at <http://www.health.state.ny.us/nysdoh/nutrition/resources/pages/ewph.htm>.

#### ■ **North Carolina**

Color Me Healthy is a joint effort between North Carolina Cooperative Extension Service and the North Carolina Governor's Council on Physical Fitness and Health. These two lead organizations also partner with the Start with Your Heart program and the NC Initiative for Healthy Weight in Children and Adolescents. County agents are asked to bring a partner of their choice to training in December. Family and Consumer Science agents, in the past, have partnered with local health departments, child care resource and referral agencies, healthy Carolinians, Local Fitness Councils, or community volunteer. Color Me Healthy is designed to reach children age 4–5 years with fun interactive learning opportunities. It provides caregivers quick and easy tools to teach young children about healthy eating and physical activity. For additional information about Color Me Healthy, contact the North Carolina Cooperative Extension Service at 919-515-9142 or on the Web at <http://www.ncnutrition.org/projects/colormehealthy.asp>.

#### ■ **Texas**

The Building Healthy Families Initiative was launched in September 2004 by the Texas Department of State Health Services (DSHS) [formerly Texas Department of Health] in cooperation with Blue Cross and Blue Shield of Texas, the Caring for Children Foundation of Texas, Here Everything's Better (HEB) Stores, Texas Medical Association, Texas Hospital Association, and the American Heart Association of Texas, to raise awareness of the long-term health risks associated with obesity in adults and children, and to inspire small lifestyle changes that can lead Texans to live healthier lives through exercise and better food choices.

The 2003 Strategic Plan on the Prevention of Obesity in Texas is the basis for Building Healthy Families. Implementation of this initiative takes into account the demographic diversity among Texans and the urgency of making overweight and obesity awareness and prevention a part of daily life. The plan is available on the Web at <http://www.tdh.state.tx.us/phn/obesity-plan.pdf>. For additional information about the initiative, contact the DSHS at 512-458-7688 or on the Web at <http://www.dshs.state.tx.us/dshstoday/obesity.shtm>.

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### **NATIONAL ORGANIZATIONS AND WEB SITES**

#### ■ **American Obesity Association (AOA)**

1250 24<sup>th</sup> Street NW, Suite 300

Washington, DC 20037

202-776-7711

World Wide Web: <http://www.obesity.org/>

AOA is an organization focused on changing public policy and perceptions about obesity. In only a few years, AOA has become an authoritative source for policy-makers, media, professionals, and patients on the obesity epidemic. AOA's mission is to act as an agent of change, move society to re-conceptualize obesity as a disease, and to fashion appropriate strategies to deal with the epidemic. The Childhood Obesity section of AOA's Web site at <http://www.obesity.org/subs/childhood/prevention.shtml> provides links to several resources on childhood obesity prevention.

■ **Food Research and Action Center (FRAC)**

1875 Connecticut Avenue NW, Suite 540

Washington, DC 20009

202-986-2200

World Wide Web: <http://www.frac.org>

FRAC is a leading national organization working to improve public policies to eradicate hunger and undernutrition in the United States. It is a nonprofit and nonpartisan research and public policy center that serves as the hub of an anti-hunger network of thousands of individuals and agencies across the country. FRAC serves as a clearinghouse for national and local organizations seeking information and analyses about hunger and anti-hunger programs. In addition, FRAC develops media and public information campaigns to help promote changes in public attitudes and policies, and acts as an authoritative source of information on hunger for the news media and public officials. The section of the FRAC Web page on Hunger in the United States links to studies on the topic of Hunger and Obesity. This information is available on the Web at [http://www.frac.org/html/hunger\\_in\\_the\\_us/hunger&obesity.htm#programs](http://www.frac.org/html/hunger_in_the_us/hunger&obesity.htm#programs).

The report *Nourish Their Bodies, Feed Their Minds: Funding Opportunities and Nutrition Resources for Afterschool Programs* (2004), by FRAC and the National Dairy Council, explains the basics of Federal child care nutrition programs. It offers a step-by-step guide on how to access these crucial funding sources. It also provides valuable information on the resources available to after-school programs for nutrition education. This resource is available on the Web at [http://www.frac.org/Afterschool\\_Guide.pdf](http://www.frac.org/Afterschool_Guide.pdf).

■ **The Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC)**

University of North Carolina, Chapel Hill

Center for Health Promotion and Disease Prevention

1700 Airport Road CB#3411

Chapel Hill, NC 27514-3411

919-966-3927

World Wide Web: <http://www.napsacc.org/>

NAP SACC is a pilot intervention in child care centers aimed at improving nutrition and physical activity policies and practices through self-assessment and targeted technical assistance. Goals of the program are to improve nutritional quality of food served, amount and quality of physical activity, staff-child interactions, and center nutrition and physical activity policy.

■ **Your Child: Development and Behavior Resources**

**University of Michigan, Health System**

World Wide Web: <http://www.med.umich.edu/1libr/yourchild/>

Your Child: Development and Behavior Resources is a Web site for parents. It is a clearinghouse for comprehensive information on children's development and behavior. Your Child helps parents navigate the information available on the Internet and provides parents with a means to link up with support groups, agencies, organizations, and other tools and resources. Your Child provides information on topics such as feeding your child, obesity, and the risk factors associated with being overweight.



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## PUBLICATIONS

■ *Financing Childhood Obesity Prevention Programs: Federal Funding Sources and Other Strategies* (September 2004), by the Finance Project, provides a brief guide to relevant Federal funding sources as well as frameworks of financing strategies and childhood obesity prevention strategies. The report also illustrates the potential of these funding sources and strategies for childhood obesity prevention with examples of creative initiatives in States and communities across the country. This resource is available on the Web at

<http://www.financeprojectinfo.org/publications/obesityprevention.pdf>.

■ *Preventing Childhood Obesity: Health in the Balance* (September 2004), by Jeffrey P. Koplan, Catharyn T. Liverman, and Vivica I. Kraak, Committee on Prevention of Obesity in Children and Youth, Institute of Medicine of the National Academies, provides a broad-based examination of the nature, extent, and consequences of obesity in the United States. The report's action plan lays out explicit goals and recommendations for preventing obesity and promoting healthy weight in children and youth in various segments of society. It also explores the actions needed to initiate, support, and sustain the societal and lifestyle changes that can reverse the trend among children and youth. The full report is available on the Web at

<http://www.nap.edu/catalog/11015.html>. The executive summary is also available on the Web at [http://www.nap.edu/execsumm\\_pdf/11015.pdf](http://www.nap.edu/execsumm_pdf/11015.pdf). For additional information about childhood obesity prevention contact Institute of Medicine of the National Academies at 202-334-2352 or on the Web at <http://www.iom.edu/project.asp?id=5867>.

■ *Food and Nutrition Resource List for Child Care and Preschool Staff* (September 2004), by the Food and Nutrition Information Center at the National Agricultural Library, U.S.

Department of Agriculture, is a compilation of resources for people involved in the child care profession. It includes food and nutrition education print materials, audiovisuals, and other resources for child care and classroom use. Topics covered are general nutrition, food preparation, and food safety. Teaching materials for children and adults include: food models, games, kits, videocassettes, CD's, and lesson plans. This resource is available on the Web at <http://www.nal.usda.gov/fnic/pubs/bibs/edu/98-child.htm#cultural>.

■ “Afterschool and Healthy Lifestyles” (September 2004), *Issue Brief* No. 8, by the Afterschool Alliance, discusses how after-school programs with a physical fitness component can promote health, improve children's eating habits, and encourage self esteem. This resource is available on the Web at [http://www.afterschoolalliance.org/issue\\_briefs/issue\\_fit\\_8.pdf](http://www.afterschoolalliance.org/issue_briefs/issue_fit_8.pdf).

■ *Weighing In: Helping Girls be Healthy Today, Healthy Tomorrow* (2004), by Judy Schoenberg, Kimberlee Salmond, and Paula Fleshman, published by the Girl Scouts of the USA, addresses various underlying causes leading to increase in obesity and being overweight among children and adolescents. It explores the lifestyles, culture, and behavior that have contributed to this condition. It also focuses on gender and cultural issues in the research, especially with regard to girls' body image. This resource is available on the Web at

[http://www.girlscouts.org/research/pdf/weighing\\_in.pdf](http://www.girlscouts.org/research/pdf/weighing_in.pdf).

■ *2004 Report: The Foundation for Child Development Index of Child Well-Being (CWI), 1975-2002, with Projections for 2003* (March 2004), by Foundation for Child Development, Duke University, updates measures of trends in the well-being, or quality of life, of children and youth in the United States over the 27-year period from 1975 to 2002 with projections for 2003. Findings indicate that child and youth well-being has regained ground lost during the 1980s, but the overall measure of well-being is only slightly higher for 2002 than in the base year 1975. These improvements apply to children and youth from all major ethnic groups. The years from 1981 to 1994 were particularly troubling for children and youth in America. This was related to significant changes in the economy and the American family. The dramatic increase in the prevalence of obese children has slowed progress in the health and well-being of children and youth since 1975. This resource is available on the Web at <http://www.brookings.edu/dybdocroot/comm/events/20040324index.pdf>. For additional information, or to order a copy of the report, contact Brookings Institution at 202-797-6139 or via e-mail at [urbancenter@brookings.edu](mailto:urbancenter@brookings.edu).

■ *Childhood Obesity: What the Research Tells Us* (2003), by the Center for Health and Health Care in Schools, George Washington University, indicates that the percent of school-age children (aged 6–11 years) that are overweight more than doubled between the late 1970s and 2000, rising from 6.5 percent to 15.3 percent. The percent of overweight adolescents (aged 12–19 years) tripled from 5.0 percent to 15.5 percent during the same time period. Obesity is particularly impacting young people of Mexican and African-American descent. Adolescents from families below 130 percent of the Federal poverty threshold are twice as likely to be overweight (16 percent) compared to those from families that are above 130 percent of the Federal poverty level (8 percent). Hospitalizations among children and adolescents for diseases associated with obesity increased sharply between 1979 and 1999. School-organized physical education and activity are discussed. Suggestions are offered for how schools can improve children's nutrition. This resource is available on the Web at <http://www.healthinschools.org/sh/obesityfs.pdf>. For additional information, or to order a copy of the report contact the Center for Health and Health Care in Schools at 202-466-3396 or via e-mail [chhcs@gwu.edu](mailto:chhcs@gwu.edu).

■ *Parents Views of Children's Health and Fitness: A Summary of Results* (April 2003), by the National Association for Sport and Physical Education, describes the results of a survey of parents concerning children's health and physical activity. The survey explored the beliefs and attitudes about the causes and preventions of obesity. Given three choices, the largest number of parents thought that optimal health was most important for their children (44 percent), with having friends/getting along with peers (20 percent), and academic success (16 percent) well behind. Only about 28 percent of parents say they worry that their children are, or might become, overweight or obese. Over 50 percent of parents chose lack of physical activity or sedentary activities as the most important cause for the rise of childhood obesity; 46 percent chose eating habits as the main cause. The survey lists a number of strategies parents use to get their children to eat balanced diets. This resource is available on the Web at [http://www.aahperd.org/naspe/template.cfm?template=executive\\_summary.html](http://www.aahperd.org/naspe/template.cfm?template=executive_summary.html).

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